



Canada

## Obesity Health System Country Report Card

### Economic Classification

High income<sup>1</sup>

### Health System Summary

The Canadian Health Act (CHA) was passed in 1984. The aim of the CHA was to ensure that all Canadian citizens had 'free at the point of care' for approved healthcare needs. Now, almost all Canadian's healthcare is provided for by Medicare. These insurance plans work on interlocking provincial (10) and territorial (3) bases but they do not cover pharmaceuticals, home care or long-term care costs. These additional costs are required to be covered by health insurance. If a treatment is classified as 'medically necessary' it must be funded through the government funded Medicare system.<sup>2</sup> The government currently funds up to 70% of Canada's health care costs.

### Overall summary

Where your country's <u>government</u> in the journey towards defining 'Obesity as a disease'? (●: Defined as disease, ●: Partial, ●: No, ●: Not known)	●
Where is your country's <u>healthcare provider</u> in the journey towards defining 'Obesity as a disease'? (●: Defined as disease, ●: Partial, ●: No, ●: Not known)	●
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care. (●: Government, ●: Insurance, ●: Out of pocket expense, ●: Not known)	●
At what level of obesity are people usually eligible access healthcare? (●: BMI ≥30, ●: ≥ 35, ●: ≥35 + co-morbidities or ≥ 40 kg/m <sup>2</sup> , ●: not defined or not known)	●
Is there a system for training health professionals in recognising obesity its prevention and management? (●: Yes, ●: Partial, ●: No, ●: Not known)	● Bariatric
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●

<sup>1</sup> World Bank economic classification by GNI per capita (June 2018)

<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups> (last accessed 09.11.2018)

<sup>2</sup> <https://www.canada.ca/en/health-canada/services/canada-health-care-system.html> (last accessed 26.11.18)

Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (●: Yes, ●: Partial, ●: No, ● Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for adults? (●: Yes, ●: Partial, ●: No, ● Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for children? (●: Yes, ●: Partial, ●: No, ● Not known)	●

### Findings from stakeholders<sup>3</sup>

#### *Overview of stakeholder feedback*

Whilst the Canadian Medical Association classifies Obesity as a disease, the Canadian Government does not. Official recognition of obesity as a chronic disease by the government would ensure that obesity was included within the chronic disease treatment portfolio, and so there would be funds and incentives to treat. The current health system theoretically allows most people with obesity to receive health care in a structured and systematic way, however, stakeholders suggest that obesity is not effectively managed within the current health system. Individuals often enter the system via the emergency room but often fail to be referred.

The availability of treatment varies widely between province and territories. Few provide weight loss programmes, but some provide bariatric treatments. Bariatric treatment can often have long waiting times and so those who can afford it go abroad for treatment rather than wait. Dieticians are widely available, but training is sometimes inadequate and so treatment provided inappropriate. It is widely acknowledged by healthcare practitioners that individuals require a personalised approach to treatment delivered by multidisciplinary teams, but these are simply not available. Instead, stakeholders suggest that most of the population use unregulated and expensive weight-loss service providers.

Many health care practitioners feel ill-equipped to treat obesity and the existing government guidelines are outdated. Obesity Canada are updating guidelines for adults in 2018, while the guidelines for children and adolescents to be updated the following year.

#### *Top barriers to be obesity treatment*

Stakeholders believed the following to be the top barriers to obesity treatment in the Canada<sup>4</sup>:

1. Failure to recognise obesity as a disease
2. Outdated clinical practice guidelines
3. Limited access to specialist and multi-disciplinary teams
4. Lack of specialist obesity training for healthcare professionals
5. Restricted access to treatment
6. Removal of sports programmes in schools
7. Lack of fiscal measures on sugar, fast food etc.

<sup>3</sup> Note that this section is based on interviews and/or survey returns from 2 stakeholders.

<sup>4</sup> In no particular order

8. Excessive alcohol promotion
9. Limited funding for bariatric surgery